

| UNCLASSIFIED   | RESTRICTED                                    | CONFIDENTIAL                       | SECRET       |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |
|--|---|------------------------------------|--------------|-----------------------------------|--------------------------------------|------------------------------------|---------------------------------|---------------------------------------|---------------------------------|----------------------------------|---|-----------------------------------|--------------------------------------|---|-------------------------------|--|--|---|--|--|--|---|--|--|--|
| (SENDER WILL CIRCLE CLASSIFICATION TOP AND BOTTOM)   |   |                                    |              |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |
| CENTRAL INTELLIGENCE AGENCY<br>OFFICIAL ROUTING SLIP   |   |                                    |              |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |
| <table border="1"> <thead> <tr> <th>TO</th> <th></th> <th>INITIALS</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>AD/NE - Attn: Dr. Kent</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>AD/RR - Attn: Dr. Millikan</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>AD/CD</td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>  |   | TO                                 |              | INITIALS                          | DATE                                 | 1                                  | AD/NE - Attn: Dr. Kent          |                                       |                                 | 2                                | AD/RR - Attn: Dr. Millikan                    |                                   |                                      | 3                                       | AD/CD                         |  |  | 4 |  |  |  | 5 |  |  |  |
| TO   |   | INITIALS                           | DATE         |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |
| 1  | AD/NE - Attn: Dr. Kent                        |                                    |              |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |
| 2  | AD/RR - Attn: Dr. Millikan                    |                                    |              |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |
| 3  | AD/CD   |                                    |              |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |
| 4  |   |                                    |              |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |
| 5  |   |                                    |              |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |
| <table border="1"> <thead> <tr> <th>FROM</th> <th></th> <th>INITIALS</th> <th>DATE</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Asst. to DCI</td> <td>REL/dr</td> <td>7 Mar 52</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>   |   | FROM                               |              | INITIALS                          | DATE                                 | 1                                  | Asst. to DCI                    | REL/dr                                | 7 Mar 52                        | 2                                |   |                                   |                                      | 3                                       |                               |  |  |   |  |  |  |   |  |  |  |
| FROM   |   | INITIALS                           | DATE         |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |
| 1  | Asst. to DCI                                  | REL/dr                             | 7 Mar 52     |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |
| 2  |   |                                    |              |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |
| 3  |   |                                    |              |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |
| <table> <tr> <td><input type="checkbox"/> APPROVAL</td> <td><input type="checkbox"/> INFORMATION</td> <td><input type="checkbox"/> SIGNATURE</td> </tr> <tr> <td><input type="checkbox"/> ACTION</td> <td><input type="checkbox"/> DIRECT REPLY</td> <td><input type="checkbox"/> RETURN</td> </tr> <tr> <td><input type="checkbox"/> COMMENT</td> <td><input type="checkbox"/> PREPARATION OF REPLY</td> <td><input type="checkbox"/> DISPATCH</td> </tr> <tr> <td><input type="checkbox"/> CONCURRENCE</td> <td><input type="checkbox"/> RECOMMENDATION</td> <td><input type="checkbox"/> FILE</td> </tr> </table> |   |                                    |              | <input type="checkbox"/> APPROVAL | <input type="checkbox"/> INFORMATION | <input type="checkbox"/> SIGNATURE | <input type="checkbox"/> ACTION | <input type="checkbox"/> DIRECT REPLY | <input type="checkbox"/> RETURN | <input type="checkbox"/> COMMENT | <input type="checkbox"/> PREPARATION OF REPLY | <input type="checkbox"/> DISPATCH | <input type="checkbox"/> CONCURRENCE | <input type="checkbox"/> RECOMMENDATION | <input type="checkbox"/> FILE |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/> APPROVAL  | <input type="checkbox"/> INFORMATION          | <input type="checkbox"/> SIGNATURE |              |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/> ACTION  | <input type="checkbox"/> DIRECT REPLY         | <input type="checkbox"/> RETURN    |              |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/> COMMENT   | <input type="checkbox"/> PREPARATION OF REPLY | <input type="checkbox"/> DISPATCH  |              |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/> CONCURRENCE   | <input type="checkbox"/> RECOMMENDATION       | <input type="checkbox"/> FILE      |              |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |
| <p>REMARKS: 1 and 2 for information<br/>3 for file</p> <p style="text-align: right; margin-right: 100px;"> <i>5 Mar 52<br/>S. M. Adelk</i> </p>  |   |                                    |              |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |
| SECRET   | CONFIDENTIAL                                  | RESTRICTED                         | UNCLASSIFIED |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |
| FORM NO. 30-4<br>SEP 1947  |   |                                    |              |                                   |                                      |                                    |                                 |                                       |                                 |                                  |   |                                   |                                      |   |                               |  |  |   |  |  |  |   |  |  |  |